DEPARTMENT OF PUBLIC HEALTH
PRIOR APPROVAL FORM FOR IN-STATE LODGING Form TIS

1. Date:	2. Division Name:	3. Circle Traveler's Bargaining Unit or if in a Management Position: 1 2 3 6 7 8 9 10 M99	4. Appropriation Account #:
5. Traveler's Name and Title:		6. Dates of Travel:	7. Destination:

8. Justification for Overnight Stay. Please specify starting and ending time of any meeting or conference. Attach supporting documentation, i.e., agendas or brochures :

9. Signature of Bureau Director / Assistant Commissioner / Hospital Director Date:

10. Estimated Expenses:		Private Funds	State / Federal Funds	Personal / Other Funds
	Lodging:			
	Meals:			
	Other (Please specify):			
	GRAND TOTAL:			

Certifications and Authorizations:

11. I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.

Signature of Traveler: Date:

12. I hereby certify that sufficient funds are available for the above described travel accommodations.

Signature of Approving Authority:_____ Date:
COMMISSIONER'S OFFICE

¡ APPROVED ¡ DISAPPROVED ¡ APPROVED WITH MODIFICATIONS

INSTRUCTIONS

PRIOR APPROVAL FORM FOR IN-STATE LODGING (FORM TIS)

1. Date of Request

2. Bureau/Hospital Name

3. Bargaining Unit/Management: Circle one for the Bargaining Unit or Management that you are in.

4. Appropriation Account #: Insert the appropriation number against which travel purchases are to be encumbered and expended.

5. Traveler's Name and Official State Title

6. Dates of Travel

7. Destination

8. Justification of Overnight Stay: The traveler should provide a detailed justification for the overnight stay including starting and ending time of any meeting or conference.

9. Signature of Bureau Director/Hospital Director.

10. Estimated Expenses:
    Private Funds: Indicate the total funding for this trip on behalf of the state traveler from a private source pursuant to 801 CMR 7.00.
    State/Federal Funds: Indicate the total funds that will be expended by the Department on behalf of the state employee traveler, either in direct payment to a travel service vendor, charge account vendor, or through employee reimbursements.
    Personal/Other Funds: Indicate the amount of personal funds to be used (required by 801 CMR 7.00).
        Lodging: Include the total hotel room and tax expenditure. Use more than one line if more than one hotel property is used.
        Meals: Indicate the total reimbursable amount for meals. It is not necessary to break out the individual amounts for each meal.
        Other: State type and expense of any anticipated expenses not otherwise named, such as business-related calls, etc.
        Grand Total

11. Certifications and Authorizations
    Signature of Traveler
    Initial by Budget Office
    Approved by Commissioner's Office